

SEE REVERSE SIDE FOR
IMPORTANT INFORMATION

State of Wisconsin
Department of Workforce Development
Division of Unemployment Insurance



SS # 888-88-3577

UI LO #: 14
UI Acct. #: 595580

DETERMINATION

DAFINA A ROTER
26151 S WIND LAKE RD
WIND LAKE WI 53185-2247

FRONTIER AIRLINES INC
7001 TOWER RD
DENVER CO 80249-7312

Issue Week:	35/11	Applicable
Week Ending:	08/27/11	Wisconsin Law: 108.04(5)

FINDINGS AND DETERMINATION OF THE DEPUTY:

THE EMPLOYEE'S DISCHARGE WAS NOT FOR MISCONDUCT CONNECTED WITH HER EMPLOYMENT.

ALTHOUGH THE EMPLOYEE WAS DISCHARGED FOR ATTENDANCE VIOLATIONS DISQUALIFICATION UNDER S. 108.04(5G) FOR FAILURE TO NOTIFY THE EMPLOYER OF ABSENTEEISM OR TARDINESS DOES NOT APPLY.

THE ABSENCES WERE FOR VALID REASONS AND WERE WITH THE PROPER NOTICE TO THE EMPLOYER. IT HAS NOT BEEN ESTABLISHED THAT HER ACTIONS SHOWED A WILLFUL AND SUBSTANTIAL DISREGARD OF THE EMPLOYER'S INTERESTS.

EFFECT

BENEFITS ARE ALLOWED.

IF THIS DECISION IS REDETERMINED OR APPEALED, THE FACTS SHOW THAT THE EMPLOYER DID NOT:

~~RESPOND DURING A FACT-FINDING INVESTIGATION TO A REQUEST FOR~~
INFORMATION MADE BY TELEPHONE ON 11/15/11.

DEPUTY	DATE MAILED	DECISION FINAL UNLESS A WRITTEN APPEAL IS RECEIVED OR POSTMARKED BY:
ADJUDICATOR 1410	12/15/11	12/29/11

UCB-20 (R. 7/24/97) (U00242)

Department of Workforce Development
Equal Rights Division
819 No. Sixth Street, Rm. 723
Milwaukee, WI 53203-1687
Telephone: (414) 227-4384
Fax: (414) 227-4084
TTY: (414) 227-4081



Scott Walker, Governor
Reginald J. Newsom, Secretary
Joe Handrick, Division Administrator

DATED AND MAILED JAN 17 2013

Dafina A. Roter
26151 S. Windlake Rd.
Windlake, WI 53185
Complainant

vs.

INITIAL DETERMINATION -
NO PROBABLE CAUSE

ERD Case No. CR201201724
EEOC Case No. 26G201201173C

Frontier Airlines/Republic Holdings
7001 Tower Rd.
Denver, Co. 80249
Respondent

I. THE DIVISION DECIDED:

There is no probable cause to believe Frontier Airlines/Republic Holdings violated the Wisconsin Fair Employment Law, sec. 111.31--111.395, Stats., by:

- A. terminating the employment of the Complainant because of race; and
- B. terminating the employment of the Complainant because of disability.

The complaint is therefore dismissed.

II. THIS MEANS:

The Equal Rights Division found no reason to hold a formal hearing on the complaint and is dismissing the complaint.

III. THE NEXT STEP IS:

The dismissal will become final unless the Complainant submits a written appeal letter to the Equal Rights Division, 819 North 6th Street, Milwaukee, Wisconsin 53203. The appeal letter must be received within 30 days of the date this determination was mailed. (The DATE OF MAILING is stamped at the top of the Initial Determination.) In the appeal letter, the Complainant must state the specific reasons for appealing.

If the Complainant files a timely appeal, this case will be certified for a formal administrative hearing. After the hearing, an Administrative Law Judge will decide if there is probable cause to believe that a violation occurred. A notice of hearing stating

Family and Medical Leave Complaint

ERD Case #
CR

For ERD Use Only

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Provide all information requested. Type or print in black ink

1. Complainant Information

First Name <i>Dafina</i>		
Middle Name or Initial <i>Aurora</i>		
Last Name <i>Roter</i>		
Street Address <i>26151 S Windlake Rd</i>		
City <i>Windlake</i>	State <i>WI</i>	Zip Code <i>53185</i>
Home Telephone Number <i>(414) 241-6674</i>		
Work Telephone Number <i>() - -</i> Ext. <i>-</i>		

2. Respondent Information

Name of the business you believe violated the law. Name only one Respondent per form. Do not name an individual person. <i>Frontier Airlines / Republic Holding</i>		
General Mitchell Airport		
Street Address <i>5300 S. Howell Ave</i>		
City <i>Milwaukee</i>	State <i>WI</i>	Zip Code <i>53207</i>
Telephone Number <i>() - -</i> Ext. <i>-</i>		
County where the violation took place <i>Milwaukee County</i>		

3. Employment Status

First date of employment with this employer (mm/dd/yyyy) <i>09/08/2003</i>
I have worked more than 52 continuous weeks for this employer at one or more of it's locations or departments <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I have worked at least 1000 hours for this employer during the last 52 weeks <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
A total of at least 50 people work for this employer at all of it's locations <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

4. Previous Family and Medical Leave Use

I have used Family or Medical Leave during the current calendar year <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much leave did you take and for what reason
My employer has a poster displayed explaining my rights under the Wisconsin Family and Medical Leave Act <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

5. Present Leave Request. I have requested leave for the following reason (check appropriate answer)

<input type="checkbox"/> For the birth or adoption of my child (Family Leave)	
<input type="checkbox"/> To care for a seriously ill child, spouse, parent or parent-in law (Family Leave)	
Name of individual with serious health condition <i>Myself</i>	Individual's relationship to you
Serious health condition description <i>Renial Failure</i>	

**Discrimination Complaint
Wisconsin Fair Employment
Law**

ERD Case #
CR

For office use only

Authorization for this form is provided under Section 111.39(1), Wisconsin Statutes. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

READ instructions on page two FIRST then type or print in black ink.

1. Complainant Information

First Name <u>Dafina</u>		
Middle Initial <u>Aurora</u>		
Last Name <u>Rotee</u>		
Street Address/PO Box <u>26151 S. Windlake Rd</u>		
City <u>Windlake</u>	State <u>WI</u>	Zip Code <u>53185</u>
Telephone Number <u>(414) 241-6674</u>		
E-Mail Address <u>rotedafina@yahoo.com</u>		
May we call the Complainant at work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>Unemployed</u>		
Work Telephone Number () Ext.		

2. Respondent Information

The company , agency, or union you believe discriminated against you. Name only ONE Respondent per form. Do not name an individual person as Respondent.		
Name <u>Frontier Airlines / Republic Holding</u>		
Street Address/PO Box <u>5300 S. Howell Ave</u>		
City <u>Milwaukee</u>	State <u>WI</u>	Zip Code <u>53207</u>
Telephone Number () Ext.		
In what Wisconsin county did the violation take place? <u>Milwaukee County</u>		

3. CHECK ONLY THE BOXES THAT WERE THE REASON FOR DISCRIMINATION

If you checked a box with an *, the statement in that box **must** be completed.

I believe the Respondent(s) discriminated or took action against me **because**

<input checked="" type="checkbox"/> of my race * which is <u>Hispanic/Serbian</u>	<input type="checkbox"/> of my conviction record	<input type="checkbox"/> of polygraph testing
<input type="checkbox"/> of my creed (religion) * which is _____	<input type="checkbox"/> of my age (40 or older) * _____ my date of birth is _____	<input type="checkbox"/> of my military service
<input checked="" type="checkbox"/> of my sex * which is <u>Female</u>	<input type="checkbox"/> of my marital status * which is _____	<input type="checkbox"/> of my use or nonuse of lawful products
<input type="checkbox"/> of my pregnancy or maternity	<input type="checkbox"/> of my sexual orientation * which is _____	<input type="checkbox"/> of genetic testing
<input type="checkbox"/> of my national origin/ancestry * which is _____	<input type="checkbox"/> of my color * which is _____	<input type="checkbox"/> of my arrest record
<input checked="" type="checkbox"/> of my disability * which is <u>Renal Failure</u>	<input checked="" type="checkbox"/> I filed a previous discrimination complaint with Equal Rights. Enter Case #CR _____	<input type="checkbox"/> I opposed discrimination in the workplace (refer to direction (c))
<input type="checkbox"/> I declined to attend a meeting or to participate in a communication about religious matters or political matters.		
<input checked="" type="checkbox"/> I previously filed a family/medical leave complaint with the Equal Rights Division Enter Case Number: CR <u>201201297</u>	<input type="checkbox"/> I testified or assisted with a discrimination complaint filed with the Equal Rights Division Enter Case Number: CR _____	
<input type="checkbox"/> I previously filed a wage and hour complaint with the Equal Rights Division Enter Case Number: LS _____	<input type="checkbox"/> The employer believed that I was going to file a wage and hour complaint with the Equal Rights Division	

4. Dates of discrimination (Required; estimate if unsure)

Date the discrimination began? mm/dd/yyyy <u>June 2011</u>	Date of the most recent discrimination? mm/dd/yyyy <u>August 23 2011</u>
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Pg # 2

11-1-11
faxed from
Moms house

Other agents would freeze up.
I also came in on the middle
of my vacation, to get in my
load planning on time and was
denied pay when other agents
were compensated

414 227
4084
Fayth
Equal
Rights
Disor

- * Beth Nacker / Jason Lehman violated the HIPPA LAWS making me send copies of my transplant letter to managers / Supervisors at the Milwaukee Station
- * Beth Nacker / Jason Lehmann also sat and grilled me in Aug 2011 making me explain in every detail what I go through on a daily basis with my illness and in detail, what I go through when having a blood pressure ^{episode} issue. It was embarrassing, unnecessary and aggravated my condition at the time, raising my blood pressure after explaining all to them - I was told once again by Beth Nacker, that I am unreliable and not fit for my job anymore - I explained to her that my kidneys

Department of Workforce Development
Equal Rights Division
819 N. 6th Street, Rm. 723
Milwaukee, WI 53203-1697
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TTY: (414) 227-4081

STATE OF WISCONSIN



Department of Workforce Development

Scott Walker, Governor
Reginald J. Newsom, Secretary
Jim Chiolino, Acting Division Administrator

DATED AND MAILED JUL 13 2012

Dafina Roter
26151 South Wind Lake Road
Wind Lake, WI 53185

Complainant

vs.

PRELIMINARY DETERMINATION
AND ORDER

ERD Case No. CR201201297

Frontier Airlines/Republic
Holdings
Frontier Center One
7001 Tower Road
Denver, Colorado 80249
Respondent

I. THE DIVISION DECIDED:

The complaint does not meet the timeliness requirements under the Wisconsin Family and Medical Leave Law, sec. 103.10, Stats.

II. THIS MEANS:

The complaint is dismissed.

III. THE NEXT STEP IS:

The dismissal will become final unless written appeal is received by the Equal Rights Division, 819 North Sixth Street, Room 723, Milwaukee, Wisconsin 53203-1687, within 10 days of the date this determination was mailed. (The DATE OF MAILING is stamped at the top of the Preliminary Determination.)

IV. THE DIVISION DECIDED THE COMPLAINT IS NOT TIMELY FILED BECAUSE:

A. The Complainant filed a charge which alleged a Wisconsin Family and Medical Leave Act ("WFMLA") violation on April 27, 2012. The Complainant alleged that she was denied time off under the WFMLA on numerous occasions and ultimately discharged on August 24, 2011 due to alleged attendance violations. The Complainant indicated on the complaint form that the Respondent had a poster which explained her rights under the WFMLA.

B. The Respondent noted that the complaint was filed more than 30 days after the alleged WFMLA violations.

Department of Workforce Development
Equal Rights Division
819 N. 6th Street, Rm. 723
Milwaukee, WI 53203-1687
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Scott Walker, Governor
Reginald J. Newson, Secretary
John P. Conway, Division Administrator

June 5, 2012

Dafina Roter
26151 S. Wind Lake Road
Wind Lake, WI 53185


Re: Roter v. Frontier

Dear Ms. Roter,

I have reviewed your discrimination complaint (copy enclosed) and it needs to be redone. First, eliminate race, sex and filing prior complainants as bases, as they do not appear to be related to your discharge. If you believe you were discharged on August 23, 2011 due to your disability, state that and briefly explain how you came to that conclusion

Enclosed is a copy of your original complaint along with a new form. Please complete the new form and send it back to me within 15 days if you have a basis and can explain how it was a factor in your treatment by the Respondent.

Sincerely,
CIVIL RIGHTS BUREAU


James Drinan
Equal Rights Officer
(414) 227-4883

*Redone Really?
Isn't that your
job to submit
it properly?*

*Amy Russell claimed Mr. Drinan
used to be a Supervisor - Returned
to HELP Due to being short
Staffed!*

Department of Workforce Development
Equal Rights Division
819 N. 6th Street, Rm. 723
Milwaukee, WI 53203-1697
Telephone: (414) 227-4384
Fax: (414) 227-4084
TTY: (414) 227-4081



Scott Walker, Governor
Reginald J. Newsom, Secretary
John P. Conway, Division Administrator

May 29, 2012

Manager
Frontier/Republic Airlines
5300 South Howell Avenue
Milwaukee, WI 53185

Re: Roter v. Frontier
ERD Case No. CR201201297

Dear Sir or Madam:

Please note that the undersigned has been assigned to the above-listed WFMLA complaint.

Please send your response to me by June 14, 2012. The complaint appears to be untimely, i.e. filed more than 30 days after the violation, so please only address that issue. If the Complainant can provide a rebuttal to the timeliness issue, I will contact you at that time.

If you have any questions, please call me at (414) 227-4883.

Sincerely,



James Drinan
Equal Rights Officer

Cc: Complainant

Department of Workforce Development
Equal Rights Division
819 N. 6th Street, Rm. 723
Milwaukee, WI 53203-1697
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STATE OF WISCONSIN



Department of Workforce Development

Scott Walker, Governor
Reggie Newson, Secretary
John P. Conway, Division Administrator

May 15, 2012

NOTICE OF COMPLAINT
Family and Medical Leave Act

DAFINA AURORA ROTER
26151 S WINDLAKE RD
WIND LAKE WI 53185
Complainant

Vs

FRONTIER AIRLINES/REPUBLIC HOLDINGS
5300 S HOWELL AV
MILWAUKEE WI 53207
Respondent

ERD Case No. 201201297

What? Still 6 months Later?? OMG!!

✂ We are not able to immediately assign this case for investigation. Both the Complainant and Respondent will be notified by letter when an Equal Rights Officer is assigned to investigate the complaint. We understand your desire for prompt service and we assure you that this case will be assigned to an investigator as soon as possible. We will notify all of the parties in writing at that time. Your patience and understanding are appreciated. *→ Blah Blah!!!!*

TO THE RESPONDENT:

Enclosed is a copy of a complaint filed with this Department alleging a violation of the Wisconsin Family and Medical Leave Act, sec. 103.10 Stats.

The Department of Workforce Development is authorized by statute to investigate this complaint. To begin the investigation, we request that you provide a written response within **30** days of the date of this letter. This is your opportunity to present the facts you believe should be considered, as well as to raise any objections you have regarding jurisdiction or the timeliness of the complaint. Include all information that documents your position. Failure to provide your position statement within **30** days of the date this letter may be taken to indicate that you do not dispute the allegations in the complaint.

Please include the ERD Case Number, shown above, on all correspondence. Send a copy of your correspondence to the Complainant and the Complainant's attorney, if known.

If you are interested in discussing early resolution of this dispute, please notify me as soon as possible and I will refer this case to an Administrator Law Judge/Mediator. An early resolution of this case will result in a substantial savings of the time and expense typically involved in the investigation and hearing process. If you choose mediation, you are not required to file a written response to the complaint at this time.

TO THE COMPLAINANT:

of Wisconsin
of Workforce Development
Equal Rights Division
Civil Rights Bureau

Family and Medical Leave Complaint

ERD Case #
CR

201201297

For ERD Use Only

RECEIVED

APR 25 2012

ERD-EQUAL RIGHTS

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Provide all information requested. Type or print in black ink

1. Complainant Information

First Name <u>Dafina</u>		
Middle Name or Initial <u>Aurora</u>		
Last Name <u>Roter</u>		
Street Address <u>26151 S. Windlake Rd</u>		
City <u>Windlake</u>	State <u>WI</u>	Zip Code <u>53185</u>
Home Telephone Number <u>(414)-241-6674</u>		
Work Telephone Number <u>() - - - - -</u> Ext. <u>- - -</u>		

2. Respondent Information

Name of the business you believe violated the law. Name only one Respondent per form. Do not name an individual person. <u>Frontier Airlines / Republic Holdings</u>		
Street Address <u>General Mitchell Airport</u>		
City <u>Milwaukee</u>	State <u>WI</u>	Zip Code <u>53207</u>
Telephone Number <u>(414)-747-5300</u> Ext. <u>-</u>		
County where the violation took place <u>Milwaukee County</u>		

3. Employment Status

First date of employment with this employer (mm/dd/yyyy)	<u>09/08/2003</u>
I have worked more than 52 continuous weeks for this employer at one or more of its locations or departments <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
I have worked at least 1000 hours for this employer during the last 52 weeks <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
A total of at least 50 people work for this employer at all of its locations <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

4. Previous Family and Medical Leave Use

I have used Family or Medical Leave during the current calendar year <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much leave did you take and for what reason. <u>since August of 2010 / on Transplant list as of October 2010 at Froedert Hosp</u>	
My employer has a poster displayed explaining my rights under the Wisconsin Family and Medical Leave Act <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

5. Present Leave Request. I have requested leave for the following reason (check appropriate answer)

<input type="checkbox"/> For the birth or adoption of my child (Family Leave)	
<input type="checkbox"/> To care for a seriously ill child, spouse, parent or parent-in law (Family Leave)	
Name of individual with serious health condition	Individual's relationship to you
Serious health condition description	